



Open Letter

to nurses in the Winnipeg Health Region

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As Chief Nursing Officer, I am often asked to describe the roles that nurses have in the delivery of safe and high quality health services.

Recently, I had an opportunity to see that role in action during an unexpected admission to hospital.

In Emergency I was triaged quickly and professionally. My pain and symptoms were assessed and managed very well. I saw nurse-initiated lab work in action. I experienced the nurse actively engaging me, the patient, in medication reconciliation.

Once on the ward, I felt involved and included in decisions around my care. Along with being very clear about what was happening and what was going to be done, the nurses were very kind, caring and respectful. I experienced nurse to nurse bedside shift reporting and saw routine practices in action.

While I was relieved the health care team was able to quickly resolve my issues, having the opportunity to see nursing practice up close was invaluable. I have seen how nurses have embraced the roles that will continue to improve the quality and safety of our system.

In this issue, I'm proud to share more success stories. Nurses play a key role in fostering and promoting health. What can you do in your current role to help improve safety and health? I encourage you to think about that. You may be surprised to discover new

choices you can make that will help improve the quality of care and ultimately help a person live a healthy, more productive and meaningful life.

The unique contact and relationships nurses develop with the people we care for is a critical aspect of nursing. Surveys consistently show that nurses are amongst the most trusted professionals by the public. This is not surprising and is as a result of the relationships nurses develop with people every day. Nurses provide information about the current plan of care and relevant health education. They take the time to be empathetic listeners. You'll read more about how this relationship is an integral element in helping people better manage their health and live safer, more enjoyable lives.

INTEGRATIVE ETHICS

If you've ever asked questions like...

- Why does this matter?
- What does this person value?
- How can I put the patient/client/resident first?

You're looking at things through an ethics lens.

"Ethics matters to us all. It's integrated into everything we do," says Sheila Toews, the Region's Director of Ethics Services.

For information on regional ethics resources and strategies:

1. visit www.wrha.mb.ca (click on About The Region in the side bar, then Ethics Strategic Framework)
2. watch for Ethics for Everyone columns and other Ethics News updates in Health Care Connection
3. check out the Manitoba Provincial Health Ethics Network (MB-PHEN) at www.mb-phen.ca.

www.cna-aic.ca is also a great place for nursing ethics resources.

Risk assessment and education are important ways to improve safety and reduce falls. Instead of being fearful and limiting their activity, people can learn about their individual risk for falls. As a result, they can make changes that count and continue to safely and actively participate in their lives.

Falls are the leading reason for injury-related hospitalizations in adults over the age of 65, accounting for 87 per cent of all such admissions. Annual fall related hospital costs in Winnipeg alone average \$45 million. Forty per cent of personal care home (PCH) admissions are directly attributed to a fall.

Almost half of older adults who fall experience a minor injury but as many as 25 per cent sustain a more serious injury. A person who has fallen can become so afraid of falling again that they stop doing typical activities. Health can decline, which puts them at even greater risk for falls.

As most falls are preventable, it's understandable why nurses are committed to finding ways to prevent falls given the potentially positive impact on health and wellness.

The Community Falls Prevention Clinic was developed to educate people about their individual falls risk factors. It also provided them with personal falls prevention recommendations and referrals. The project involved staff from the Region's IMPACT Injury Prevention Program, the River East/Transcona Healthy Aging Resource Team, the Regional Clinical Nutrition Program, the Misericordia Health Centre Focus on Falls Prevention Vision Screening Program as well as input from other outside agencies.

Nurses Jacquie Habing and Karen McCormac led the way in developing this innovative service designed to reduce falls in older adults.

At the clinic, a series of six stations assessed an individual's personal falls risk factors: home environment, health conditions, blood pressure, nutritional status, vision, current medications, and their strength and balance.

"The clinic improved access through partnering and sharing local resources," says Jacquie Habing, Manager of IMPACT. "Nurses played an integral part in the planning and delivery."

Three pilot clinics were conducted in June 2010. Forty-five people were provided with the information they needed to help reduce their risk for falls.

At two weeks, four to six weeks, three months and six months, health providers followed up with the people who attended the clinic to see how they were doing with implementing their individual action plan. Follow up revealed 71 per cent of recommendations were being implemented, which is enhancing safety and health. This success is the reason more clinics are being proposed in the future.

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Relationships Empower People to Manage Health

If you see a gap in care for home care clients who have diabetes, what do you do?

You determine a way to fill that gap by providing nurses with education about diabetes. That way they can pass along this critical information to people who are living with diabetes.

A two year study was launched. The focus? Examining the current state of and then improving care to long term adult home care patients with diabetes. The goals? Improve home care nurses' knowledge of diabetes care management then have them share this important information with people they care for. In addition to formal education sessions, nurses seized one-to-one, teachable moments with clients to share important information about how to improve their health while living with a chronic disease.

"It's really about giving the home care nurses the knowledge and skills they need so they can empower clients. Rather than just looking at education sessions for nurses, we took a different approach. We wanted to support that process through research to understand what would be most helpful to both the nurse and the client...and to ensure knowledge transfer occurred," says Michelle Todoruk-Orchard, CNS, Home Care Program, Certified Diabetes Educator.

A certified diabetes nurse educator is meeting with home care nurses who go into homes and work with individuals and families. Tools, checklists and teaching sheets helped standardize the information being shared, regardless of which home care nurse was making the visit. The creation of resource packages within community offices helped further pass information along.

The study is looking at whether Hemoglobin A1c levels and lipids have improved. Data collection is underway and results are anticipated next year. Anecdotal evidence has already shown the positive impact of working with clients to help them take control of managing their diabetes.



Michelle Todoruk-Orchard

Asking **QUESTIONS** and Listening to the **ANSWERS**

If you were accustomed to a cup of coffee before doing anything in the morning and couldn't get it, would you be frustrated? If you developed dementia and couldn't continue this morning coffee routine and had difficulty communicating, would you become irritated or angry and perhaps even strike out at others? That's what two people living in PCHs did while being washed or dressed in the morning. After asking questions and finding the answers, staff started bringing these people coffee first thing. The behaviour stopped.

In another situation, a resident required 16 hours of constant care because of his responsive behaviours. After the assessment, staff changed their approach and reduced the need for one-to-one time to four hours a day. "The gentleman started joining in activities programming, which he'd never done before. Staff became more confident in providing his care and sick time went down because they were no longer afraid to work with him," says Susan Bernjak, Regional Educator with the Region's PCH Program.

Stories like these are thanks to the P.I.E.C.E.S.™ (PIECES) approach, where assessment tools look at the Physical, Intellectual, Emotional, Capabilities, Environment and Social aspects of a person's behaviour. A collaborative project with Manitoba Health, the 10 provincial health regions and the Alzheimer Society of Manitoba, each region has facilitators who, along with the PIECES Dementia Care Education Coordinator from the Alzheimer Society, deliver educational sessions in their area.

PIECES is a five-day program for health professionals. A one-day workshop is also being delivered to PCH managers and directors. To date, about 400 have attended the five-day sessions and 155 managers have participated. Six related modules have also been developed for PCH support staff, the latest one - approach - has just been released.

The nature of relationships in PCHs is what makes PIECES such an effective, ongoing assessment tool. Health providers can learn more about a person and their background. A woman's resistance to bathing was because of a near drowning experience she had. Once health providers knew, they could help her shower instead. Because all behaviour has meaning and managing behaviour is the focus, front line staff at two PCHs were able to reduce antipsychotic drug usage well below the regional average (which is 30 per cent, to seven and 11 per cent) using PIECES.

Assessments can be completed effectively even in urgent situations and reviewed as a person's behaviour changes. "Staff feel empowered to make changes. They feel better able to develop relationships with residents and make life in a PCH more meaningful for the resident, and comfortable," says Bernjak. "Ultimately PIECES will result in a better quality of life for the resident."

You can make a difference. Improvements – no matter how small they may seem – are worthy of celebrating. I welcome your emails and the chance to hear about the difference you are making at wrha_nursing@wrha.mb.ca.

BOOKMARK THIS PAGE

We've launched the first phase of updating the Region's nursing section on the website. We welcome your comments and feedback about how to improve the site as we continue to develop it. Be sure to visit this one-stop nursing resource for the latest in nursing news, key education and practice information, self care strategies, regional resources to support you in your work and more: www.wrha.mb.ca/nursing



PIECES facilitators

in the Spotlight

CELEBRATING one of your nursing PEERS



MONIKA WARREN

R.N., B.N., MAL(H)

Monika has been a nurse for 20 years, 13 of which she spent in direct care. She has been a Clinical Manager at the Grace Hospital for the past four years, a role she considers best suited to her for the opportunities it provides to make a difference each and every day. Monika is also a member of the Regional Ethics Council.

What is the focus of your work?

What does the patient want? Often we make assumptions and judgements about what we think they want. One rewarding part of my work is to help facility staff work through a process that looks at respecting and acknowledging a patient's needs in patient care and planning.

How do ethics impact your work?

I'm accountable for myself. When I consider what I or my family would want, I approach patient care from that perspective.

How we speak to the people we work with, how we approach care, asking what the patient wants – this is an ethical framework for providing care. There is a never a lack of complexity when you look at things from more than one perspective.

But to me, ethical practice is about creating an environment where the patient's perspective, values and wishes are recognized and honoured while we minimize risks and give the best care we can.

What do you enjoy about working in management?

I enjoy the people I get to interact with – colleagues, staff and

"I learn everyday from patients and their families. Being a nurse has provided me with a different perspective I wouldn't have had."

patients - and am fortunate to serve. It's also invigorating I can influence change. It's a privilege to turn challenges into opportunities to make things better. Positive energy can snowball so I choose to focus on what can be done instead of what can't.

What are your reflections on nursing?

Nurses have a key role in advocating and leading health care decisions, policies and standards. For every skill level or passion – in nursing education, leadership, direct care – there are opportunities.

EVENTS

January through June
Wound Care Education Sessions
Level I and II dates

February 10, 2012
New Grad Day
Viscount Gort Hotel

April 27, 2012
Advanced Wound Care Day
Victoria Inn

**Evidence-Informed Practice
Workshop Series**
April 26 & 27, 2012 at St. Boniface
General Hospital
November 22 & 23, 2012 at Health
Sciences Centre

More info at: <http://www.wrha.mb.ca/osd/clinical.php>